

InnerView

NEWSLETTER

News from Maine's Mental Health Network

Winter 2004

INSIDE

- ▶ Geriatric Psychiatry News
- ▶ Social Work's New Leadership
- ▶ Focus on Volunteers
- ▶ Child Psychiatry Honored
- ▶ News from McGeachey Hall
- ▶ Intensive CBT Unit Opens

1 Gender-based hospital treatment available to teens

When Spring Harbor Hospital moved to its new facility in Westbrook earlier this year, Adolescent Services Manager Peggy Ouellette, RN, saw a program opportunity not available at most psychiatric care centers: gender-specific clinical treatment for boys and girls between the ages of 13 and 17.

Available since October, Spring Harbor's gender-based adolescent programming is already beginning to yield benefits, including fewer distractions for teens who are recovering from serious mental illness.

Most psychiatric hospitals do not have the appropriate space to provide gender-specific programming, Ouellette says. Spring Harbor's teen units are unique because males and females live on separate, 14-bed hospital wings. The intended outcomes are fewer patient distractions, more timely and focused interventions, and ultimately, shorter hospital stays.

"A lot of our adolescent patients are struggling with their sense of self and self-esteem," explains physician leader Scott Klenzak, MD. "Teens can focus more on themselves and their recovery when they aren't preoccupied with peers of the opposite sex."

Ouellette agrees. "When we offered mixed-gender treatment, we saw patients deliberately sabotage their recovery," she says. "When a teen boy displayed unacceptable behaviors, so would an infatuated teen girl. Now there is much less showing off and preening to interfere with our patients' recovery."

According to program staff, another key benefit of the gender-based approach is more effective interactions with patients. "We know that boys are generally more visual in processing and are more concrete, whereas girls are generally more abstract and more emotional," says unit social worker Linda M. Chance, LCSW. "We use those generalizations to adjust how we deliver our care."

Chance says that is why the talk therapy for boys in the program encourages concrete forms of expression. "We might ask boys to describe how they feel in terms of what kind of animal they are most like and why," she notes. "With girls, we can ask them about their feelings directly."



Scott Klenzak, MD, (left) is the physician leader for the girls adolescent treatment unit.

Ouellette says the approach makes good clinical sense. "Mental illness in teenagers looks different in males and females," she says. "This approach allows us to focus more on individual patient needs while becoming much more expert in effective gender-based methods. I think the treatment will be better, patients will recover more quickly, and families will report greater satisfaction with the program."

"Teens can focus more on themselves and their recovery when they aren't preoccupied with peers of the opposite sex."

— Scott Klenzak, MD

Chance and three other social workers have begun discussions about writing a paper for placement in a national social work journal to detail their experiences.

In the coming months, the adolescent program's clinical staff will collect data to measure the relative success of the new treatment approach compared with mixed-gender treatment.

2 Network hosts first-in-Maine conference to protect memory decline

To help healthcare professionals identify and treat mental illness in geriatric patients, *Maine's Mental Health Network* recently hosted the state's first-ever conference on diagnosing and treating dementias such as Alzheimer's Disease and other complications of the aging brain. More than 50 primary-care physicians, patient advocates, and psychiatrists attended Update on Alzheimer's Disease, held last fall at Portland's Eastland Hotel.

"Our goal is to improve treatment outcomes for elderly people in Maine by sharing recent findings and evidence-based practices on memory preservation."

— John Campbell III, MD

"With early diagnosis and proper treatment, memory and function can be protected from rapid decline," says John Campbell III, MD, medical director of Maine's only inpatient medical/geriatric psychiatry program (located at Maine Medical Center) and organizer of the conference. "Our goal is to improve treatment outcomes for elderly people in Maine by sharing recent findings and evidence-based practices on memory preservation."

Highlights of the conference included presentations by Stephen Salloway, MD, of Brown University, on differential diagnoses of dementia, and Pierre Tariot, MD, of the University of Rochester Medical Center, who outlined recent developments in anti-dementia treatments.

"Dementia is receiving increasing attention, and it is something primary-care physicians are dealing with all the time," says Dan Price, MD, inpatient geriatric psychiatrist for *Maine's Mental Health Network*. "Often (these physicians) aren't able to stay as current as those of us who treat these illnesses every day, so this conference was designed for them."

Salloway's overview brought to light how difficult early identification and treatment is because the many types of dementia manifest in a variety of ways. "Physicians often miss the subtleties of the disease in early onset," Campbell says, "and that delay in diagnosis can impact the effectiveness of long-term treatment."

"When it comes to memory problems and the elderly, physicians, patients, and family members often dismiss it as a normal consequence of aging," Campbell says. "By the time it becomes obvious that the patient has dementia, a great deal of cognitive function is irretrievably lost."

A tool presented at the conference that has proved especially helpful in early

diagnosis is a "bedside cognitive exam" — a simple and short series of tests caregivers can

administer to patients that aids in early detection. The cognitive exam is short enough that physicians can walk through it with patients in the course of a regular office visit.

Once diagnosed, patients should begin a regimen of drug therapy, and Tariot provided updates on current anti-dementia medications. Tariot's published research has demonstrated the effectiveness of these medications, alone and in combination, in limiting the cognitive decline associated with conditions such as Alzheimer's Disease, the most common cause of dementia.

Other presenters at the conference included Campbell himself, who talked about how to evaluate cognition and to identify patterns of cognitive impairment; Maine Medical Center's Ronald Bailyn, MD, who spoke about diagnosing and treating psychosis in the elderly; and C. Edward Coffey, MD, of Henry Ford Health System, who presented information about depression in the aging human brain.

While this was the first conference of its kind in Maine, Campbell says he sees the potential for annual updates. In the meantime, he says that people should not take it lightly when forgetfulness occurs late in life. "That is often not a normal result of aging," Campbell warns, "and it should be evaluated by a clinician as soon as possible to identify opportunities for treatment."

Now a teaching hospital, Spring Harbor is presently hosting several physicians from the Network's Psychiatry Residency Training Program. They are (standing, l-r): Sohail Gillani, MD & Nicholas Kammerer, MD; and (seated, far right) Jennifer Graham, MD. Missing from the photo is resident Vera Solovieva, MD. The residents are working under the tutelage of (seated, left and middle) adolescent psychiatrist Scott Klenzak, MD, and adult psychiatrist Daria Hanson, MD.



3 Network introduces new coordinators for social work/counseling

Maine's Mental Health Network has completed the restructure of its social work/counseling discipline with the recent hire of coordinators for its inpatient and outpatient service areas.

Laura Ely, LCSW, has been named coordinator of the *Network's* outpatient social work/counseling professionals. Ely is a longtime employee of Maine Medical Center's Adult Mental Health Clinic at McGeachey Hall in Portland.

Coordinator for the inpatient social work/counseling staff is Connie Valliere, LCPC. Prior to her appointment, Valliere had served nearly five years as an inpatient counselor at Spring Harbor Hospital.

These new roles were developed by a team of fellow discipline members to help attract and retain talented social workers and counselors within the *Network*. Moving forward, the newly named coordinators will work with a group of their peers to better leverage clinical talent across the *Network*, develop annual educational programming, and provide guidance on scope-of-practice issues.

"It's truly amazing how much expertise our *Network* has within this discipline," says Valliere. "This new structure allows us a clearer picture of our talents and provides opportunities for our social workers and counselors to work with and learn from one another."

Ely agrees. She says she looks forward to bringing together social work and counseling professionals from programs that are geographically distant. Staff presently work at more than seven campuses in Greater Portland and York.

"We want to ensure our colleagues have opportunities to meet, get to know each other, network, and develop professionally," Ely notes.



The new Network coordinators for social work/counseling are (l-r): Connie Valliere, LCPC, and Laura Ely, LCSW.

Focus on Volunteers



Keven Vachon

In each issue, we feature an interview with one of the many volunteers who give freely of their time to *Maine's Mental Health Network* and its patients. This time, we focus on Keven Vachon of Bath.

InnerView: In what capacity do you volunteer?

Vachon: I am a volunteer pastor at Spring Harbor Hospital.

InnerView: Why did you choose to volunteer here?

Vachon: I was interested because part of my calling as a pastor is to provide benevolence and compassion to those who need it.

InnerView: In this assignment, what do you do?

Vachon: I lead scripture readings and Bible teachings for any patients who are interested.

InnerView: What is your typical service like?

Vachon: It opens with soft worship music, a prayer and a basic Bible teaching. I always try to choose scriptures that speak of hope and strength. I try to include something that I think the patients might need or relate to.

InnerView: How do you spend your time when you are not volunteering?

Vachon: I am a staff pastor at the Family Christian Fellowship Community Church in Topsham. I also own Mid Coast Electric, a contracting company with locations in Bath and Woolwich.

InnerView: How often do you volunteer?

Vachon: Twice a month on Tuesday evenings for about an hour each time.

InnerView: What has impressed you about Spring Harbor?

Vachon: It was the sincerity of the people at Spring Harbor that really drew me. During the interview they explained what they were looking for and what kind of hospital Spring Harbor is and how I would fit. I was really impressed with that.

InnerView: What do you find particularly fulfilling about volunteering?

Vachon: I feel if there is just one thing I say that will help someone, to provide the strength, courage, or encouragement to help them in a difficult situation, that is my reason for being here.

The volunteer pastoral services program at Spring Harbor offers optional, non-denominational services to groups of adult patients. Each volunteer candidate completes a thorough application and screening process for this program, including a sample service with the Patient Rights Committee, to ensure the appropriateness of the service for our patients.

To learn more about the pastoral services program at Spring Harbor, or other volunteer opportunities, please call Julie DeLaite at 761-2314.

4 Child Psychiatry honored by West School students

Students of the West School in Portland have honored child psychiatry staff of McGeachey Hall for their caring ways.

As part of the school's Teaching Kids to Care program, students identify and honor organizations in the community that care for them. This year, Andy Hinkens, MD, and Carlo Carandang, MD, of the Child Outpatient Clinic at McGeachey Hall, were among those honored.

"We have a longstanding relationship with the school," says Hinkens. "Our child psychiatry residents offer consultation services there, which benefits both the kids and the learning experience for our physicians."

Teaching Kids to Care is a collaboration between West School and the Doubletree Hotel. Each year the organizations work on an educational curriculum for the students. Included is a chance for students to identify and thank members of the community who are helpful to them. Honorees also receive a batch of the Doubletree Hotel's famous chocolate chip cookies, 2,004 of which were awarded this year.

"We were pleased that Andy brought back between 50 and 100 cookies for the McGeachey Hall staff," says West School Principal Peter McCormack. "The kids recognize all the great work McGeachey Hall does for them."

The West School provides day-treatment-level services for Portland Public Schools' students who have behavioral and emotional needs. The goal of the program is to have students learn the skills they need to return to their neighborhood schools as soon as possible.

5 Update from Network's McGeachey Hall Outpatient Clinic

This Fall has seen several positive changes take place within *Maine's Mental Health Network's* outpatient services in Portland. Efforts to improve patient experiences include:

THE MOVE OF ALL ADULT OUTPATIENT CLINICAL STAFF TO MCGEACHEY HALL ON VAUGHAN STREET.

Previously, treatment staff who served the adult population were located at both McGeachey Hall and an adjacent building on Chadwick Street. Clinic Program Manager Sandy Cole, PhD, says, "Moving all adult outpatient clinicians under one roof allows for more consistent care, better clinical coverage, and greater convenience for our patients."

The 131 Chadwick Street location has become the new home of other Network programs, including Outpatient Geriatric Psychiatry, Residency Training Administration, and Outpatient Occupational Therapy.

Phone numbers for all services remain unchanged. (See back page).

THE IMPLEMENTATION OF AN INTEGRATED COMPUTER SYSTEM.

New software recently installed within the Network's outpatient clinics in Portland is similar to that used in other doctors' and dentists' offices. In the not-too-distant future, the software will allow each patient to have an electronic medical record, rather than a paper record. Until then, the system enables clinic staff to verify and update patients' contact information, electronically schedule next appointments, and assist patients in submitting insurance claims.

NETWORK'S LEADERSHIP RANKS AMONG TOP IN THE NATION

The senior leadership of *Maine's Mental Health Network* recently won honors for being one of the top healthcare management teams in the country. The Network was one of three finalists in the 'small hospitals' category of the 2004 Top Leadership Teams in Healthcare competition, sponsored by Healthleaders Magazine.



◀ Network's Senior Management Team

Members are (l-r, back row): Chief Information Officer *Bonnie Thibault*; Chief Quality Management Officer *Jo Ann Griffin*; Chief Executive Officer *Dennis King*; Chief Nursing & Clinical Officer *Mary Jane Krebs*; Chief Medical Officer *Girard Robinson, MD*; Chief Operating Officer *Ric Hanley*; and (l-r, seated) Chief Outpatient Administrative Officer *Richard Balser*; Chief Human Resources Officer *John Orlowski*; Chief Marketing Officer *Gail Wilkerson*; and Chief Financial Officer *Greg Bowers*.

6 Hospital's new program offers brief treatment, powerful skills

Adults who suffer episodic depressive, anxiety, and other mental health disorders requiring hospital-level care will find a new program at Spring Harbor Hospital especially helpful. The so-called Intensive CBT Unit provides an option for patients who will benefit from brief treatment based on one of the most useful and well researched forms of psychotherapy available: Cognitive-Behavioral Therapy (CBT).

The CBT model is founded on the scientific principle that our distorted perceptions and undesirable behaviors are the result of negative thinking, not of external forces such as people, situations, or events. The CBT approach teaches patients how to reframe their negative perceptions and unlearn unwanted behaviors in favor of more positive and desirable thoughts and actions. Each therapy session ends with homework that the patient is expected to complete before the next session.

Patients like the CBT approach because they typically see results after only a few sessions.

"When we offer CBT in an intensive setting like this, patients notice the difference almost immediately," says program counselor Connie Valliere, LCPC. "CBT is the preferred treatment method because it is sustainable by patients over time. Once they have the basic understanding of how thoughts affect feelings and actions, they can better control problem situations in their lives."



Spring Harbor Hospital now partners with AMISTAD to offer peer support to adult psychiatric patients. Volunteer peer supporters are available each week to offer patients information about AMISTAD and its services, lend support to those who would like an empathetic listener, and enjoy games and reading with patients who would appreciate the company.

AMISTAD volunteers are (l-r) Maddie Labbe, David Bouthilette, and Nancy Andrews. Missing from photo are Terri Chapman and Jamie Wood.

"The approach allows people to get back to their daily routine very quickly, thanks to powerful new cognitive skills that can help them manage their lives better right away."

— Donna Van Norstrand, APRN-BC

The CBT approach is considered to be among the most rapid forms of therapy in terms of how quickly patients experience results. The average patient receives a total of only 16 sessions of CBT over a lifetime, as compared with psychoanalysis, which can continue for years. The time-limited nature of CBT is widely thought to be a consequence of its educational format and patients' continued application of its principles outside of therapy.

Program Manager Donna Van Norstrand, APRN-BC, notes that the brevity of treatment in the Intensive CBT program is an advantage for patients. "They typically are hospitalized for only 3 to 5 days," she says. "The approach allows people to get back to their daily routine very quickly, thanks to powerful new cognitive skills that can help them manage their lives better right away."

In addition to psychiatric assessment, wellness education, and management of any medications, Spring Harbor's program features both introductory and advanced CBT, exercise and recreation, chemical dependency education, and practical stress-reduction techniques, such as yoga and progressive muscle relaxation. Treatment takes place within a secure 12-bed wing of Spring Harbor's exquisite new treatment and recovery center in Westbrook.

For more information about the Intensive CBT programming at Spring Harbor, please call 1-866-857-6644.

We gratefully acknowledge the following for their donations of goods and services to our patients this holiday season!

- St. Bartholomew's, Cape Elizabeth
- CMP Community Service Team
- Cape Elizabeth Grange
- Richard Couture, volunteer, Freeport
- Cuddledown, Portland
- Eastern Star
- Lucia Jones & HR Department, UnumProvident
- St. Joseph's College Community Service Department, Standish
- St. Max's Church "Project Grace", Scarborough
- Medical Services Federal Credit Union, Portland
- Laura Quirion & Family, Caswell
- Reny's, Bath
- Judy Smith, South Portland
- Spectrum Seminars, Cape Elizabeth
- Jim Wakem, volunteer Santa
- Wal-Mart, Scarborough
- Westbrook Women's Club

Maine's Mental Health Network is...

SPRING HARBOR HOSPITAL

123 Andover Road
Westbrook, ME 04092

SPRING HARBOR COUNSELING

1 Bragdon Commons
354 US Route 1
York, ME 03909

MAINE MEDICAL CENTER INPATIENT PSYCHIATRY

22 Bramhall Street
Portland, ME 04102

MAINE MEDICAL CENTER OUTPATIENT PSYCHIATRY

216 Vaughan Street &
131 Chadwick Street
Portland, ME 04102

PARTIAL HOSPITAL & INTENSIVE OUTPATIENT SERVICES

216 Vaughan Street
Portland, ME 04102

ACCESS TEAM

(Assertive Community
Treatment for Adults)

576 St. John Street
Portland, ME 04102

ANCHOR TEAM

(Assertive Community
Treatment for Youth)

932 Congress Street
Portland, ME 04102

PIER

(Early Intervention
Services for Youth)

315 Park Avenue
Portland, ME 04102

FOR MORE INFORMATION OR REFERRAL TO NETWORK SERVICES:

(207) 761-6644
1-866-857-6644

*Spring Harbor volunteer and
mental healthcare consumer
Richard Couture delivered remarks
at a recent ceremony recognizing
leadership donors to the
Hospital's Capital Campaign.
"Your investment has allowed
Spring Harbor to make a positive,
sometimes profound, impact on
the recovery of its patients each
and every day," Couture told the
audience of more than 50 donors.*



InnerView is published by
Maine's Mental Health Network, Portland, ME
Editor: Gail Wilkerson, 123 Andover Road, Westbrook, ME 04092
Phone: (207) 761-2292 TTY: (207) 761-2224
Fax: (207) 761-2108 Email: wilkersong@springharbor.org

 **Spring Harbor**
HOSPITAL

 **Maine Medical Center**